



CITY OF WEST LINN TEEN VOLUNTEER APPLICATION

Visit our Home Page at
www.westlinnoregon.gov
for current openings;
Please return this application
to Human Resources

INSTRUCTIONS: Please print or type. This application is a part of the screening process. To be considered for this position, please:

1. Fill out application **completely**.
2. Sign and date the application.
3. Mail or bring the application to the Human Resources Department, City of West Linn, 22500 Salamo Road, West Linn, Oregon 97068. **Applications submitted after the closing date may not be considered.**

Please notify us if you need any accommodation or assistance with any part of our application process.

Last Name	First Name	Middle Name	Home Phone	Message Phone
Address	City	State	Zip	Email address
Position Applied For:				

Why are you interested in this particular position?

What skills and training qualify you for this position?

What portions of your work or life experience qualify you for this position?

EDUCATION & TRAINING

Name & Location of School	No. of Years Completed
Additional Training or Related Education: i.e. Red Cross Training Classes	

EMPLOYMENT HISTORY

This section must be completed entirely. Do not substitute a resume. List any work experience, paid or unpaid, beginning with your current or most recent job. Include volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking.

Describe each job separately, emphasizing your specific tasks and any supervisory, technical or other responsibilities. If more space is needed, additional pages can be added.

Name of Present or Last Employer		Address:		Phone:	
Kind of Business:	Part Time: <input type="checkbox"/> Full Time: <input type="checkbox"/> Volunteer: <input type="checkbox"/>		Dates of Employment:		
	Salary:		From:		To:
Reason for Leaving:	Supervisors Job Title:		Name of Supervisor:		May we contact?
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Job Title (present or last):					
Job Duties:					

Employer:		Address:		Title	
Salary:		Date of Employment:		Reason for Leaving:	

Employer:		Address:		Title	
Salary:		Date of Employment:		Reason for Leaving:	

REFERENCES: list the names of three persons other than relatives having knowledge of your character, experience, or ability.

Name	Address	Occupation	Telephone

To the best of my knowledge all of the above information is accurate. I understand that misrepresentation or omission of facts called for is cause for disqualification or dismissal. Moreover, I authorize all schools which I attended and any former employers to give the City of West Linn information relative to my academic and employment record, and I release such person and organization from any legal liability in such statements.

SIGNATURE: _____ **DATE:** _____

IF UNDER 18 YEARS OF AGE

PARENT/GUARDIAN SIGNATURE: _____

DATE _____